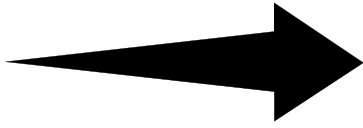


# Instructions for Filing Notice of Claim to City of Saint Paul

*Minnesota State Statute 466.05 NOTICE OF CLAIM...(E)very person...who claims damages from any municipality...shall cause to be presented to the governing body of the municipality within 180 days after the alleged loss or injury is discovered a notice stating the time, place, and circumstances thereof, and the amount of compensation or other relief demanded.*

**Please complete this form in its entirety by typing or printing your answer to each question in the space provided. If additional space is needed, please attach additional sheets.**



**PLEASE RETURN THIS  
COMPLETED FORM TO:** **Office of City Clerk  
110 City Hall  
15 W Kellogg Blvd  
St Paul MN 55102**

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

Date of Accident or Incident: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ am or pm (circle one)

Please state, in detail, what occurred and the circumstances surrounding the event. Indicate how the City of Saint Paul is involved, and why you feel the City is responsible.

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Please indicate your reason for completing this form:

- |                                                            |                                                                                  |
|------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Vehicle accident                  | <input type="checkbox"/> Other property damage (please provide specifics below)  |
| <input type="checkbox"/> Vehicle was towed                 | _____                                                                            |
| <input type="checkbox"/> Vehicle damaged                   | <input type="checkbox"/> Other injury to person (please provide specifics below) |
| <input type="checkbox"/> Slipped and fell on City property | _____                                                                            |

Please provide the names and telephone numbers of any City employees involved in this incident/accident and how they were involved:

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(over)

If your vehicle was involved, please complete the following:

Year, make, and model: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Extent and area damaged: \_\_\_\_\_

Was a City vehicle involved in this accident/incident? Yes No (circle one)

If yes, please complete the following: Type of vehicle \_\_\_\_\_

Year, make, and model \_\_\_\_\_

Color of vehicle \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Description of vehicle \_\_\_\_\_

Location of accident/incident (please provide specifics such as street address, intersection, cross streets, park name, facility name, etc.):

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Please draw or attach a diagram if applicable:

Please specify the nature and extent of the compensation or other relief you are requesting. Please attach copies of any bills, receipts, tickets, or other documents to support your claim. If you are claiming damage to a vehicle, please submit two estimates.

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Were there witnesses to this accident/incident? Yes No (circle one)

If yes, please give the names, addresses, and telephone numbers of the witnesses:

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Were the police called? Yes No (circle one) If yes, what department or agency? \_\_\_\_\_

Police report number: \_\_\_\_\_

**Please print the name of the  
person completing this form:**

\_\_\_\_\_

**Please sign your name:**

\_\_\_\_\_

**Date form signed:**

\_\_\_\_\_